



DEPARTMENT OF  
**ANIMAL  
SERVICES**

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Web site: [louisvilleky.gov/AnimalServices](http://louisvilleky.gov/AnimalServices)

## REGISTERED FOSTERER APPLICATION

The purpose of the Foster Application and registration process is to determine the qualifications and suitability of individuals to become Registered Fosterers with Metro Animal Services (MAS). Please complete this application with care because the information you provide, under the guidelines of the MAS Foster Policy, will help us determine whether you are eligible to register as a Fosterer with MAS. Incomplete applications will be rejected. Applications submitted with false information will be disqualified. Any one who intentionally submits false information will be permanently barred from the MAS Foster Registration Book. Every applicant must comply with the MAS Foster Policy. Every applicant may be subject to become a MAS volunteer and specific training.

DATE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME OF HUMANE or RESCUE ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELLULAR) \_\_\_\_\_

DRIVER'S LICENCE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

**(Copy of the Driver's License is mandatory)**

**\*\*\*\*\*Please answer the questions with gray shading. All other questions will be completed with an Adoption Coordinator or designee.**

1. Have you read, and do you fully understand the contents and every article of the MAS Foster Manual (attached)?

YES \_\_\_\_\_ NO \_\_\_\_\_ (If not please obtain clarification before continuing)

2. Why do you want to become a Registered Fosterer with the MAS?

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3. Circle what type of dwelling do you reside? HOUSE APARTMENT DUPLEX MOBILE HOME

- Do you own or rent your home? \_\_\_\_\_
- If you rent your home, does your landlord allow pets? YES \_\_\_\_ NO \_\_\_\_
- Landlord's name, address, and phone number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. In the past five years, how many and what types of pets have you owned.

- Were/did any pets (CIRCLE ALL THAT APPLY)

Lost?	YES	NO	<b>If yes, was the pet found?</b>
Hit by cars?	YES	NO	_____
Die due to illness?	YES	NO	
Die due to old age?	YES	NO	
Given away?	YES	NO	
Surrendered to an animal Shelter?	YES	NO	

5. How many pets do you currently own? CATS \_\_\_\_ DOGS \_\_\_\_ OTHER \_\_\_\_ NONE \_\_\_\_

	DOGS	CATS	OTHER	AGE	SPAYED/ NEUTERED		Current on Vaccines (V) Current on License (L)		
BREED (KIND)					YES	NO	V: Yes	No	?
							L: Yes	No	?
BREED (KIND)					YES	NO	V: Yes	No	?
							L: Yes	No	?
BREED (KIND)					YES	NO	V: Yes	No	?
							L: Yes	No	?
BREED (KIND)					YES	NO	V: Yes	No	?
							L: Yes	No	?

BREED (KIND)					YES	NO	V: Yes No ? L: Yes No ?
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6. If you own an unaltered pet, what is the reason for not having your pet sterilized?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
7. Are the members of your household aware of your intention to foster pets in your home? Do they approve?
- \_\_\_\_\_
8. List the number and ages of children living in your household: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. Is anyone in your household allergic to animals and if so how will you handle this?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
10. Will the pet be kept (circle) INDOORS or OUTDOORS? If OUTDOORS, describe the environment and shelter you will provide.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

11. What type of schedule do you keep; how many hours will the pet be left alone?

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12. What type of pets would you like to foster?

	DOGS	CATS	OTHER
ADOPTABLE			
INFANT			
MEDICALLY NOT ADOPTABLE			

13. Do you have professional experience in veterinary medicine, vet assistance or in humane medical care? Yes \_\_\_\_\_ Where and how long \_\_\_\_\_ NO \_\_\_\_

14. Have you taken specialized classes, seminars or training to learn animal medical care? Yes \_\_\_\_\_ NO \_\_\_\_\_

15. How would you evaluate your medical skills in caring for infant animals?  
Limited \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

**If limited go directly to question 20**

16. Have you ever bottle-raised an animal before? YES \_\_\_\_\_ NO \_\_\_\_\_ if yes,

- What type of animal(s)? \_\_\_\_\_
- How many? \_\_\_\_\_
- How often did you feed it/them? \_\_\_\_\_
- Did it/they survive? \_\_\_\_\_

17. Have you ever tube-fed an infant? If yes explain process. YES \_\_\_\_\_ NO \_\_\_\_\_

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18. What is usually wrong when an infant will not eat? \_\_\_\_\_  
\_\_\_\_\_

19. Can you explain manual stimulation? \_\_\_\_\_  
\_\_\_\_\_

20. Have you ever cared for sick or injured animals before? YES \_\_\_\_\_ NO \_\_\_\_\_

**If no go directly to question 22**

•In what capacity? \_\_\_\_\_

•**Have you ever:** Provided medical care or treatment for sick/injured animals? YES \_\_\_\_NO \_\_\_\_

If yes, specify exactly what type of treatment and how you treated the animal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Administered shots or taken blood? YES \_\_\_\_\_ NO \_\_\_\_\_

Prepared a pet to isolate it? YES \_\_\_\_\_ NO \_\_\_\_\_

21. Have you ever administered medication to animals before? YES \_\_\_\_\_ NO \_\_\_\_\_

•(Circle all that you have administered) PILLS SUSPENSIONS FLUIDS SPRAYS OTHER

22. Which veterinarian do you use?

\_\_\_\_\_

23. If you are approved to foster an infant and/or a medically not adoptable animal, will it be able to accompany you to work/school? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_

24. Will you need financial assistance to care for your foster? \_\_\_\_\_  
\_\_\_\_\_

25. If you find that your foster situation is not working out, for whatever reason, do you agree to return your foster to the MAS as soon as possible? YES \_\_\_\_\_ NO \_\_\_\_\_

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26. Have you ever applied to be a foster for MAS or any other animal group in the past?

YES \_\_\_\_\_ NO \_\_\_\_\_

If so, where? \_\_\_\_\_

I \_\_\_\_\_, attest that all of the information I have provided on this application is accurate and true. I have read and understand the MAS Foster Policy and Procedures, as well as the MAS Foster Manual, and I agree to honor all of the rules and regulations listed therein. Furthermore I will abide by all of the terms set by every individual Foster Agreement made between the MAS and myself.

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

\_\_\_\_\_  
(DATE)

\*THIS SECTION IS TO BE COMPLETED BY THE ADOPTION COORDINATOR AND APPROVED BY ONE MEMBER OF THE MAS MANAGEMENT TEAM

NAME OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PERSON ID #: P\_\_\_\_\_

APPLICANT INTERVIEWED BY and/or APPLICATION REVIEWED BY:

_____	DATE _____
_____	DATE _____
_____	DATE _____

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICATION APPROVED \_\_\_\_\_ APPLICATION DENIED \_\_\_\_\_

APPLICANT IS APPROVED TO FOSTER THE FOLLOWING TYPES OF ANIMALS ONLY:

ADOPTABLE \_\_\_\_\_ INFANT \_\_\_\_\_ MEDICALLY NOT ADOPTABLE \_\_\_\_\_

BEHAVIORAL ISSUES \_\_\_\_\_ OTHER: \_\_\_\_\_

_____ ADOPTION COORDINATOR	_____ DATE
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_____ MEMBER OF THE MANAGEMENT TEAM	_____ DATE
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